

FILED JUN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19754  
Registrar's No. 145

No. 300  
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City Mo</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>615 Michigan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>615 Michigan</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>615 Michigan</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u>		c. (Last) <u>RACKEYS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 1950</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 27, 1881</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <u>69 0 18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Water Master</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	
11. BIRTH PLACE (State or foreign country) <u>Taos, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Herman Rackey</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Penger</u>	
14. NAME OF HUSBAND OR WIFE <u>Hilpa Bosh</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Albert Rackey</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis deformans</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7230</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>19 1/2</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1943</u> to <u>6/15/50</u> , '19, that I last saw the deceased alive on <u>5/26</u> , 19 <u>50</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward Bosh</u>		23b. ADDRESS <u>Jefferson City Mo</u>	
23c. DATE SIGNED <u>6/16/50</u>		24. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 17, 1950</u>	
24c. LOCATION (City, town, or county) (State) <u>Jefferson City Mo.</u>		24d. DATE REC'D BY LOCAL REG. <u>June 17-1950</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>R.P. Darris</u>		ADDRESS <u>Mo. - N.C.O.</u>	

District File Number \_\_\_\_\_  
District Health Officer No. 9,

JUN 23 1950

RECEIVED

JUN 30 1950

RECEIVED

FILED

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*Donan K. James*

Student Embalmer No. *324*

working under my personal supervision.

Signed \_\_\_\_\_

*Sylvester Dulle*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *4321*

P. O. Address \_\_\_\_\_

*Jefferson City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.